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111TH CONGRESS
1ST SESSION

H. R. 3188

To prohibit Federal funding or other assistance for mandatory human papillomavirus (HPV) vaccination programs.

IN THE HOUSE OF REPRESENTATIVES

JULY 13, 2009

Mr. GINGREY of Georgia (for himself, Mrs. BLACKBURN, Mr. LATTA, Mr. MARCHANT, Mr. AKIN, Mr. BARTLETT, Mr. PITTS, Mr. BARRETT of South Carolina, Mr. PENCE, Mr. POSEY, Mr. HENSARLING, and Mr. BRADY of Texas) introduced the following bill; which was referred to the Committee on Energy and Commerce

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A BILL

To prohibit Federal funding or other assistance for mandatory human papillomavirus (HPV) vaccination programs.

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the ''Parental Right to Decide Protection Act''.

SEC. 2. FINDINGS.

The Congress finds as follows:

(1) HPV, the human papillomavirus, is the most common sexually transmitted infection in the

United States. HPV types 16 and 18 cause about 70 percent of cervical cancers. The Centers for Disease Control and Prevention estimates that about 6,200,000 Americans become infected with HPV each year and that over half of all sexually active men and women become infected at some time in their lives. On average, there are 9,710 new cases of cervical cancer and 3,700 deaths attributed to it in the United States each year.

(2) Early detection is the key to diagnosing and curing cervical cancer, and therefore the Food and Drug Administration (FDA) recommends that all women get regular Pap tests. The Pap test looks for cell changes caused by HPV, so the cervix can be treated before the cells turn into cancer. The FDA also states the Pap test can also find cancer in its early stages so it can be treated before it becomes too serious, and reaches the conclusion that it is rare to die from cervical cancer if the disease is caught early.

(3) On June 8, 2006, the FDA approved Gardasil, the first vaccine developed to prevent cervical cancer, precancerous genital lesions, and genital warts due to human papillomavirus (HPV) types 6, 11, 16, and 18. Gardasil is a recombinant vac-

cine, it does not contain a live virus, and it is given as three injections over a six-month period. The vaccine is approved for use in females 9–26 years of age. However, the FDA also states that since the vaccine is new, more studies need to be done to determine how long women will be protected from HPV. For example, the FDA does not know if a booster is needed after a couple of years to ensure continuity of protection.

(4) As detailed by the FDA, four studies were conducted in 21,000 women, one in the United States and three multinational, to show how well Gardasil worked in women between the ages of 16 and 26. The study period was not long enough for cervical cancer to develop; however, preventing cervical precancerous lesions is believed highly likely to result in the prevention of cervical cancer.

(5) In January 2007 the Advisory Committee on Immunization Practices (ACIP), under the Centers for Disease Control and Prevention, issued changes to the previous childhood and adolescent immunization schedule. The ACIP recommends the new human papillomavirus vaccine (HPV) to be administered in a 3-dose schedule with the second and third doses administered 2 and 6 months after the

first dose. Routine vaccination with HPV is recommended for females aged 11–12 years, the vaccination series can be started in females as young as age 9 years, and a catch up vaccination is recommended for females aged 13–26 years who have not been vaccinated previously or who have not completed the full vaccine series.

(6) In July 2008 Judicial Watch, a Washington-based public interest group, reported that there have been close to 9,000 health complaints as a result of Gardasil. These complaints have surfaced because Gardasil recipients have experienced everything from massive wart outbreaks to paralysis, and even death in 18 cases.

(7) States historically have maintained the practice of applying immunization recommendations to their school admittance policies so as to protect schoolchildren from outbreaks of contagious disease. The Association of American Physicians and Surgeons states that there is no public health purpose for mandating HPV vaccine for schoolchildren. HPV is a sexually transmitted disease.

(8) With a number of states entertaining legislation which takes the unprecedented step in requiring young girls to obtain a vaccine for a disease that

is not spread by casual contact in order to attend school, many organizations and associations have come out against mandatory HPV vaccine programs.

(9) The American College of Pediatricians and the Association of American Physicians and Surgeons are opposed to any legislation which would require HPV vaccination for school attendance. They have stated that excluding children from school for refusal to be vaccinated for a disease spread only by intercourse is a serious, precedent-setting action that trespasses on the right of parents to make medical decisions for their children as well as on the rights of the children to attend school.

(10) Federal funds should not be used to implement a mandatory vaccine program for a disease that does not threaten the public health of schoolchildren in the course of casual, daily interaction between classmates and inserts the government into the lives of children, parents, and physicians.

SEC. 3. PROHIBITION AGAINST FUNDING FOR MANDATORY HUMAN PAPILLOMAVIRUS (HPV) VACCINATION PROGRAMS.

No Federal funds or other assistance may be made available to any State or political subdivision of a State

to establish or implement any requirement that individuals receive vaccination for human papillomavirus (HPV).

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